

## **ELECTION INSPECTOR APPLICATION**

LAST NAME:	FIRST NAME:			M.I.:
DATE OF BIRTH: //	DAY PHONE:	EVE	NING PHONE:	
HOME ADDRESS:	APT. #:	CITY	:	_ ZIP:
MAILING ADDRESS:	E-N	MAIL ADDRESS:		
Hours available to work (check one	e): <b>FULL</b> 6:30am-9:00pm	<b>AM</b>	1:30pm <b>PM</b> :	1:30pm-9:00pm
2020 Election Dates available to we February 18 <sup>th</sup> April 7th	ork (check all dates that you and August 11 <sup>th</sup> Nove			
I am also interested in being a Selection. (Note: this requires dayting			ies during the mo	nth prior to each
Are you qualified to vote? YES (Qualifications: U.S. citizen, resident probation or parole for a felony con	of Ozaukee County, at least 1		•	g a sentence including
Have you ever been convicted of a f (Note: State of WI Constitution, Arti		convicted felons	to serve as Electic	on Inspectors.)
Have you ever been an Election Insp	pector?  YES*  NO *I	f yes, where:		
I would like to (check one):  VOL (If you elect to receive payment an Treasurer's Office).		•	-	
IN SIGNING, I ATTEST THAT THE	ABOVE INFORMATION IS ACC APPLICATION WILL DIS		AT ANY FALSE STA	ATEMENTS ON THIS
APPLICANT'S SIGNATURE:			. DATE:	:
For more information, contact: City Clerk Tracie Sette		Return to:	City Clerk's Offic W63 N645 Wasl	

Cedarburg, WI 53012

Tel: 262-375-7606 Email: tsette@ci.cedarburg.wi.us